

**PO**  
90-05

**KANSAS SECRETARY OF STATE**  
**Professional Fund Raiser**  
**Operating Statement**

**Kansas Secretary of State, Audit Manager:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

**Instructions: All information must be completed or this document will not be accepted for filing.**

This form must be filed for any charitable organization before acting as a professional fund raiser for the charitable organization.  
**All Professional Fund Raiser Operating Statements are registered for a period of one year, July 1 through June 30.**

**1. This report covers the contract year of:**

**Beginning Date:**

Month	Day	Year
7	1	

**Ending Date:**

Month	Day	Year
6	30	

**2. Name of the professional fund raiser:**

Name
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**3. Address of the principal place of business:**

Address		
City	State	Zip

**4. Name of charitable organization:**

Name		
Address		
City	State	Zip

**5. Fund raising activity (actual or expected):**

**Beginning Date:**

Month	Day	Year

**Ending Date:**

Month	Day	Year

**6. I declare under penalty of perjury that the foregoing is true.**

Name (Printed or Typed)
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Title/Position
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**Executed on**

Month	Day	Year

**Authorized signature(s) of professional fund raiser (proprietor, or all partners, or corporate officer and titles).**

Signature
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